

109TH CONGRESS  
1ST SESSION

# H. R. 1719

To amend the Public Health Service Act to authorize grants for education, screening, and treatment with the goal of preventing diabetic foot complications and lower extremity amputations, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 20, 2005

Mr. BAKER (for himself, Ms. CORRINE BROWN of Florida, Mr. FORD, Mr. HINOJOSA, Ms. MILLENDER-McDONALD, Mrs. MCCARTHY, Mr. JEFFERSON, Mrs. CHRISTENSEN, Mr. TERRY, Mr. CUMMINGS, Mr. VAN HOLLEN, Mr. ALEXANDER, Mr. MCCRERY, Mr. BOUSTANY, Mr. SMITH of New Jersey, Mr. FOSSELLA, Ms. GINNY BROWN-WAITE of Florida, Mr. RENZI, and Mr. WELDON of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to authorize grants for education, screening, and treatment with the goal of preventing diabetic foot complications and lower extremity amputations, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Diabetic Foot Com-  
5 plication and Lower Extremity Amputation Reduction Act  
6 of 2005”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds the following:

3 (1) It is estimated that there are 17,000,000  
4 patients with diabetes in the United States and that  
5 diabetes costs the United States \$132,000,000,000  
6 each year.

7 (2) There has been a 61 percent increase in the  
8 number of Americans with diabetes since 1990.

9 (3) Fifteen percent of people with diabetes will  
10 experience a foot ulcer, and between 14 and 24 per-  
11 cent of those with a foot ulcer will require an ampu-  
12 tation.

13 (4) The increased incidence of diabetes has re-  
14 sulted in more lower extremity amputations. From  
15 1980 to 1996, the number of diabetes-related hos-  
16 pital discharges with lower extremity amputations  
17 increased from 36,000 to 86,000 per year.

18 (5) The Medicare costs for diabetes patients  
19 with foot ulcers is 3 times higher than for diabetes  
20 patients in general, and inpatient care accounts for  
21 74 percent of diabetic ulcer-related costs. Therefore,  
22 cost effective ulcer prevention and treatment inter-  
23 ventions will reduce Medicare costs.

24 (6) Lower extremity amputations are dev-  
25 astating to the patient, and with an average cost of

1       \$60,000, these procedures are a costly burden on  
2       the health system.

3           (7) Research shows that a multidisciplinary ap-  
4       proach, including preventive strategies, patient and  
5       staff education, and treatment of foot ulcers, has  
6       been reported to reduce amputation rates by more  
7       than 50 percent at a fraction of the cost.

8   **SEC. 3. GRANTS FOR EDUCATION, SCREENING, AND TREAT-**  
9                   **MENT REGARDING DIABETIC FOOT COM-**  
10                  **PLICATIONS.**

11       Title III of the Public Health Service Act (42 U.S.C.  
12   241 et seq.) is amended by inserting after section 330L  
13   the following:

14   **“SEC. 330M. GRANTS FOR EDUCATION, SCREENING, AND**  
15                   **TREATMENT REGARDING DIABETIC FOOT**  
16                  **COMPLICATIONS.**

17       “(a) GRANTS.—Subject to subsection (b), the Sec-  
18   retary shall award grants to eligible entities for the fol-  
19   lowing:

20           “(1) Providing a high-risk, underserved popu-  
21       lation with screening, education, and evidence-based  
22       medical treatment regarding diabetic foot complica-  
23       tions that may lead to lower extremity amputations.

24           “(2) Evaluating the quality, cost effectiveness,  
25       parity, and patient satisfaction of medical interven-

1        tions in the prevention of diabetic foot complications  
2        and lower extremity amputations.

3        “(b) RESTRICTION.—A grant under this section may  
4 be used to pay for a treatment only if the treatment is  
5 preventive in nature or is part of comprehensive outpatient  
6 care.

7        “(c) ELIGIBLE ENTITIES.—For purposes of this sec-  
8 tion, the term ‘eligible entity’ means a multidisciplinary  
9 health care program, which may be university-based, that  
10 demonstrates to the Secretary’s satisfaction the following:

11            “(1) An ability to provide high-quality, cost-ef-  
12 fective, and accessible treatment to a patient popu-  
13 lation that has a high incidence of diabetes relative  
14 to the national average and a general inability to ac-  
15 cess diabetic foot treatment programs.

16            “(2) An ability to successfully educate patients  
17 and health care providers about preventive health  
18 care measures and treatment methods for diabetic  
19 foot complications.

20            “(3) An ability to analyze and compile the re-  
21 sults of research on diabetic foot complications and  
22 conduct additional research on diabetic foot com-  
23 plications.

24        “(d) CRITERIA.—The Secretary, in consultation with  
25 appropriate professional organizations, shall develop cri-

1   teria for carrying out the grant program under this section  
2   and for collecting data to evaluate the effectiveness of the  
3   grant program. These criteria shall ensure the following:

4           “(1) The establishment of an authoritative, col-  
5           laborative, multi-center study on the impact of com-  
6           prehensive prevention and treatment of diabetic foot  
7           complications in high-risk, underserved populations,  
8           upon which future determinations can be based.

9           “(2) The establishment, in coordination with  
10          grant recipients, of evidence-based guidelines and  
11          standardized measurement outcomes that may be  
12          used to evaluate the overall results of projects under  
13          this section.

14          “(3) The provision to grant recipients of the  
15          necessary resources to develop programs that effec-  
16          tively treat patients.

17          “(e) APPLICATION.—To seek a grant under this sec-  
18          tion, an eligible entity must submit an application to the  
19          Secretary in such form, in such manner, and containing  
20          such information as the Secretary may require.

21          “(f) EVALUATIONS.—The Secretary may not award  
22          a grant to an eligible entity under this section unless the  
23          entity agrees to submit to the Secretary a yearly evalua-  
24          tion of the entity’s operations and activities carried out  
25          under the grant.

1 “(g) STUDY; REPORT.—Annually, the Secretary—

2 “(1) shall conduct an authoritative study on the  
3 results of grants under this section, for the purpose  
4 of better informing future determinations regarding  
5 education, screening, and treatment of diabetic foot  
6 complications; and

7 “(2) shall submit a report on the findings and  
8 conclusions of the study to the Congress.

9 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the  
10 purpose of carrying out this section, there are authorized  
11 to be appropriated \$25,000,000 for fiscal year 2006 and  
12 such sums as may be necessary for each of fiscal years  
13 2007 through 2010.”.

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